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CONFIRMATION NO. 9059

<b>SERIAL NUMBER</b> 09/405,046	<b>FILING OR 371(c) DATE</b> 09/27/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> THOMAS MEADE, WILMETTE, IL; SCOTT FRASER, LA CANADA, CA; RUSSELL JACOBS, PASADENA, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/134,072 08/13/1998 PAT 5,980,862 which is a CIP of 08/971,855 11/17/1997 ABN which claims benefit of 60/063,328 10/27/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/18/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 67374				
<b>TITLE</b> MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL AGENTS				
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	